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OFFICE OF INSPECTOR GENERAL

Application for License to
Operate a Long-term Care Facility

For Office Use Only
Received 11-14-11
Amount \$5930.-

mailed Validation
letter 11/30/11

Ch#

38760

I. IDENTIFICATION

Name Central City Enterprises, Inc. Belle Meade Home
Address 521 Greene Drive, P.O. Box 565
City/County/Zip Greenville, KY 42345 Muhlenberg County
Telephone number 270-338-1523
Administrator Gregory Sparks ldouglas0722@bellsouth.net

Date facility operation began at current address 3/1/1967

Date facility began operation under current owner 3/1/1967

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	62	62
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State
County
City
Private

Profit
Nonprofit

Individual
Partnership
Corporation

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Central City Enterprises, Inc., P.O. Box 565, Greenville, KY
42345

(OVER)

56 11/30

